



Greenwood Sanitation

Automatic Bank Draft

To authorize Greenwood Sanitation to deduct your monthly payments by automatic deduction, fill out the information below, **attach a blank unsigned voided check**, and send it **along with your current payment to Greenwood Sanitation**. If your account is a joint account, both account holders must sign this form. Greenwood Sanitation will process your account for automatic deduction as soon as possible after receipt of your form. The authorization form must reach our office fifteen (15) days prior to your next due date in order to begin your automatic payment for the following month. If you receive any additional bills after sending in this form, please call our office before making the payment shown on that bill.

Automatic Bank Draft Authorization

I (we) hereby authorize Greenwood Sanitation to initiate debit entry to my (our) account each month on the scheduled due date for the total amount due on my sanitation utility account. I (we) also authorize my (our) financial institution identified below to debit the same amount from my (our) account. I (we) also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my (our) account. I (we) further understand that if my (our) financial institution does not honor any payment, my (our) account may be subject to late fees and NSF fees as provided by Greenwood law. This authorization is to remain in full force and effect until I (we) provide Greenwood Sanitation written notification of my (our) desire to terminate this agreement in such time and in such manner as to give Greenwood Sanitation a reasonable opportunity to act on it. Greenwood Sanitation reserves the right to cancel a customer's participation at any time. If I (we) believe an erroneous debit entry is charged to my (our) account, I (we) understand I (we) have the right to have the amount of the entry credited to my (our) account by my (our) financial institution. I (we) agree to give my (our) financial institution and Greenwood Sanitation written notice identifying the entry, stating that it is in error, and requesting credit back to the account. I (we) understand that I (we) must provide such notice within fifteen (15) calendar days following the date on which I (we) was sent a copy of my (our) account statement or a written notice of such entry or 45 days after posting, whichever occurs first.

Name of Financial Institution	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Financial Institution Routing Number	Financial Institution Account Number
Customer Name	Address
Greenwood Sanitation Account Number	Phone Number
Email:	
Signature	Date
Signature	Date

ATTACH A VOIDED CHECK HERE

2400

19 91-548/1221

PAY TO THE ORDER OF \$

DOLLARS

FOR

1: 221052781: 6724301068 2400

Routing Number Account Number Check Number

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